

Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

FILED
05 OCT 27 PM 3:38
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee CITIZENS FOR RANKIN						Registration Number, if PAC					
Full Name of Candidate MIKE R. RANKIN											
Street Address 545 EAST TOWN STREET						Office Sought JUDGE, MUNICIPAL COU			District FRANKLIN CO		
City COLUMBUS						State O H		Zip Code 43215			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X Pre-General		Post-General		Annual Year		
	July		August		September		Termination				
	Monthly		Monthly		Monthly						
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M 1 1		D 0 8 0 5	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 4,966.80
2. Total monetary contributions (From Form No. 31-A)	\$ 34,036.00
3. Total other income (From Form No. 31-A-2)	\$ 411.64
4. Total funds available (sum of lines 1, 2, 3)	\$ 39,414.44
5. Total monetary expenditures (From Form No. 31-B)	\$ 12,448.28
6. Balance on hand (line 4 minus line 5)	\$ 26,966.16
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 5,909.33
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 11,150.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 2,201.11
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

LAURA T. RIGGS-KOLMAN, TREAS.

Print Name and Title (Treasurer and Deputy Treasurer only)

Laura T. Riggs-Kolman
Signature

10-26-2005
Date

Contribution
pages 34

Expenditure
pages 2

Other
pages 7

Total
pages 43

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN											
Full Name of Contributor JEEFFREY W. HUTSON						Registration Number, if PAC					
Street Address 175 S. THIRD STREET			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK				
City COLUMBUS		State O H		Zip Code 43215		M 0 7		D 1 1		Y 0 5	
						Amount		50.00			
Full Name of Contributor BENNETT M. MILLER						Registration Number, if PAC					
Street Address 124 N. SLUMMIT ST.			Employer/Occupation/Labor Organization ATTORNEY				Form (Cash, Check, etc.) CHECK				
City TOLEDO		State O H		Zip Code 43605		M 0 7		D 1 9		Y 0 5	
						Amount		200.00			
Full Name of Contributor OH & VCNTY REG. CNCL S. CNTRL OFFICE PAC						Registration Number, if PAC LA416					
Street Address 1394 COURTRIGHT ROAD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK				
City COLUMBUS		State O H		Zip Code 43227		M 0 9		D 3 0		Y 0 5	
						Amount		500.00			
Full Name of Contributor CARPENTERS LOCAL UNION #200 PCE						Registration Number, if PAC ENTITY # 10288					
Street Address 1545 ALUM CREEK DRIVE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK				
City COLUMBUS		State O H		Zip Code 43209		M 0 9		D 3 0		Y 0 5	
						Amount		500.00			
Full Name of Contributor AVIS M. RANKIN						Registration Number, if PAC					
Street Address 2432 WYNCOURTNEY COURT			Employer/Occupation/Labor Organization CANDIDATE'S FAMILY MEMBER				Form (Cash, Check, etc.) CHECK				
City POWELL		State O H		Zip Code 43065		M 0 9		D 3 0		Y 0 5	
						Amount		15,000.00			
Full Name of Contributor JOHN B. ROBERTS						Registration Number, if PAC					
Street Address 175 W. ROYAL FOREST BLVD.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK				
City COLUMBUS		State O H		Zip Code 43214		M 1 0		D 0 5		Y 0 5	
						Amount		35.00			
Full Name of Contributor MARC DANN FOR SENATE COMMITTEE						Registration Number, if PAC					
Street Address 4531 BELMONT AVENUE SUITE C			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK				
City YOUNGSTOWN		State O H		Zip Code 44505		M 1 0		D 0 5		Y 0 5	
						Amount		100.00			
Full Name of Contributor BRETT A. WARNER						Registration Number, if PAC					
Street Address 120 E. KANAWHA AVENUE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK				
City COLUMBUS		State O H		Zip Code 43214		M 1 0		D 0 7		Y 0 5	
						Amount		20.00			

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 16,405.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor RICHARD A. CODRAY					Registration Number, if PAC		
Street Address 4900 GROVE CITY ROAD		Employer/Occupation/Labor Organization FRANKLIN COUNTY			Form (Cash, Check, etc.) CHECK		
City GROVE CITY	State O H	Zip Code 43123	M 1	D 0	Y 0	Amount 250.00	
Full Name of Contributor JOE LANDUSKY					Registration Number, if PAC		
Street Address 901 S. HIGH STREET		Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State O H	Zip Code 43206	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor CHRISTINA LANDUSKY					Registration Number, if PAC		
Street Address 1177 ASHLAND AVENUE		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State O H	Zip Code 43212	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor BALAJ MODUR					Registration Number, if PAC		
Street Address 500 STONERIDGE CT.		Employer/Occupation/Labor Organization BALAJ MODUR INVESTMENTS			Form (Cash, Check, etc.) CHECK		
City VALPARAISO	State I N	Zip Code 46385	M 1	D 0	Y 1	Amount 300.00	
Full Name of Contributor L. MARTIN CORDERO					Registration Number, if PAC		
Street Address 1565 LONDON DR.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 1	D 0	Y 1	Amount 75.00	
Full Name of Contributor COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND					Registration Number, if PAC LA839		
Street Address 1380 DUBLIN ROAD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 1	D 0	Y 1	Amount 500.00	
Full Name of Contributor W. SCOTT SIMON					Registration Number, if PAC		
Street Address 37 W. BROAD ST.		Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 1	D 0	Y 1	Amount 150.00	
Full Name of Contributor FRANKLIN COUNTY DEMOCRATIC LAWYERS PAC					Registration Number, if PAC OH1164		
Street Address 1141 S. HIGH STREET		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43206	M 1	D 0	Y 1	Amount 1,250.00	

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Page Total \$ 2,725.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN											
Full Name of Contributor PAUL V. DEMING						Registration Number, if PAC					
Street Address 886 MIDDLEBURY DRIVE N.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK				
City WORTHINGTON		State O H		Zip Code 43085		M 1 0		D 1 7		Y 0 5	
						Amount 25.00					
Full Name of Contributor COLETTE A. YATES						Registration Number, if PAC					
Street Address 273 WEYDON RD.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK				
City WORTHINGTON		State O H		Zip Code 43085		M 1 0		D 1 7		Y 0 5	
						Amount 10.00					
Full Name of Contributor HELEN M. NINOS						Registration Number, if PAC					
Street Address 891 DARK STAR AVENUE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK				
City GAHANNA		State O H		Zip Code 43230		M 1 0		D 1 7		Y 0 5	
						Amount 50.00					
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
City		State		Zip Code		M 0 6		D 0 1		Y 0 5	
						Amount 25.00					
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
City		State		Zip Code		M 0 6		D 2 1		Y 0 5	
						Amount 800.00					
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
City		State		Zip Code		M 0 7		D 1 4		Y 0 5	
						Amount 2,170.00					
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
City		State		Zip Code		M 0 8		D 1 7		Y 0 5	
						Amount 1,575.00					
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
City		State		Zip Code		M 0 8		D 2 3		Y 0 5	
						Amount 1,050.00					

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Page Total \$ 5,705.00

Statement of Contributions Received

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Name of Committee in Full CITIZENS FOR RANKIN										
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
							0	8	3	1,966.00
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
							0	9	1	2,200.00
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
							0	9	1	580.00
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
							0	9	2	2,250.00
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
							1	0	1	1,805.00
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
							1	0	2	400.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount

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Page Total \$ 9,201.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor MARLENE A. WIRTH				Registration Number, if PAC	
Street Address 1029 NORTHFIELD PLACE N.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 05
City REYNOLDSBURG	State OH	Zip Code 43068	Form(Cash,Check,etc) CHECK		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

25.00

Total expenditures this event

0.00

Page Total \$ 25.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor ESTHER L. BLICE				Registration Number, if PAC	
Street Address 2001 SOUTH HEIGHTS AVE.		Employer/Occupation/Labor Organization*		M D Y	Amount
City YOUNGSTOWN		State O H	Zip Code 44502	0 6 1 6 0 5	25.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor TOWNSEND W. QUINN					
Street Address 3941 TARRINGTON LANE		Employer/Occupation/Labor Organization*		M D Y	Amount
City COLUMBUS		State O H	Zip Code 43220	0 6 1 6 0 5	100.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor JAMES R. DUGAN					
Street Address 3950 DUGAN FARMS		Employer/Occupation/Labor Organization*		M D Y	Amount
City PERRY		State O H	Zip Code 44081	0 6 2 3 0 5	125.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor I.B.E.W.-C.O.P.E.					
Street Address 1125 15TH STREET, N.W.		Employer/Occupation/Labor Organization*		M D Y	Amount
City WASHINGTON		State D C	Zip Code 20005	0 6 2 3 0 5	500.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor BARBARA J. HYKES					
Street Address 1865 TORCHWOOD DRIVE		Employer/Occupation/Labor Organization*		M D Y	Amount
City COLUMBUS		State O H	Zip Code 43229	0 7 0 5 0 5	50.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

800.00

Total expenditures this event

0.00

Page Total \$ **800.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor SHELDON R. SAFKO				Registration Number, if PAC	
Street Address 497 NORTHRIDGE ROAD	Employer/Occupation/Labor Organization*		M 0	D 7	Amount 10.00
City COLUMBUS	State O H	Zip Code 43214	Y 0	Form(Cash,Check,etc) CHECK	
Full Name of Contributor PATRICIA D. CONLEY				Registration Number, if PAC	
Street Address 495 S. HIGH STREET, SUITE 450	Employer/Occupation/Labor Organization* ROURKE & BLUMENTHAL		M 0	D 7	Amount 25.00
City COLUMBUS	State O H	Zip Code 43215	Y 0	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DANIEL J. MCCAULEY				Registration Number, if PAC	
Street Address 1911 LANGHAM ROAD	Employer/Occupation/Labor Organization*		M 0	D 7	Amount 30.00
City COLUMBUS	State O H	Zip Code 43221	Y 0	Form(Cash,Check,etc) CHECK	
Full Name of Contributor THOMAS M. KARL				Registration Number, if PAC	
Street Address 475 WESTBURY WOODS CT.	Employer/Occupation/Labor Organization*		M 0	D 7	Amount 25.00
City WESTERVILLE	State O H	Zip Code 43081	Y 0	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ROBERT HAVERKAMP				Registration Number, if PAC	
Street Address 1869 MARBLECLIFF CROSSING CT.	Employer/Occupation/Labor Organization* GALBREATH COMPANY		M 0	D 7	Amount 100.00
City COLUMBUS	State O H	Zip Code 43204	Y 0	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOSHUA B. WOOD				Registration Number, if PAC	
Street Address 102 E. THIRD AVE.	Employer/Occupation/Labor Organization*		M 0	D 7	Amount 35.00
City COLUMBUS	State O H	Zip Code 43201	Y 0	Form(Cash,Check,etc) CHECK	
Full Name of Contributor CHAD M. MCCOURY				Registration Number, if PAC	
Street Address 1091 HARRISON AVENUE	Employer/Occupation/Labor Organization*		M 0	D 7	Amount 50.00
City COLUMBUS	State O H	Zip Code 43201	Y 0	Form(Cash,Check,etc) CHECK	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,170.00

Total expenditures this event

0.00

Page Total \$ 275.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor JAMES R. GILMORE				Registration Number, if PAC	
Street Address 1089 ESTHER DRIVE	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1905
City COLUMBUS	State O H	Zip Code 43207	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor DWIGHT E. GARNER				Registration Number, if PAC	
Street Address 895 BEECH ST.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1905
City COLUMBUS	State O H	Zip Code 43206	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor DAVID A. RINGER				Registration Number, if PAC	
Street Address 417 W. 6TH AVENUE	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1905
City COLUMBUS	State O H	Zip Code 43201	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor THOMAS C. LONN				Registration Number, if PAC	
Street Address 833 EASTWIND DR.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1905
City WESTERVILLE	State O H	Zip Code 43081	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor NANCY K. WONNELL				Registration Number, if PAC	
Street Address 330 S. HIGH STREET	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1905
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor M. SHAWN DINGUS				Registration Number, if PAC	
Street Address 1141 S. HIGH STREET	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1905
City COLUMBUS	State O H	Zip Code 43206	Form(Cash,Check,etc) CHECK		Amount 75.00
Full Name of Contributor PATRICK FLEMING				Registration Number, if PAC	
Street Address 2128 POPLAR STREET	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1905
City OBETZ	State O H	Zip Code 43207	Form(Cash,Check,etc) CASH		Amount 40.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 290.00

Statement of Contributions Received at a Social or Fundraising Event

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Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor CHARLES SHAW				Registration Number, if PAC	
Street Address 1447 CINCINNATI ZANESVILLE ROAD		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 0 5	Amount 25.00
City LANCASTER	State O H	Zip Code 43130		Form(Cash,Check,etc) CASH	
Full Name of Contributor LINDA MERCADANTE				Registration Number, if PAC	
Street Address 439 COLONIAL AVENUE		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 0 5	Amount 50.00
City WORTHINGTON	State O H	Zip Code 43085		Form(Cash,Check,etc) CASH	
Full Name of Contributor JENNIFER GILL SAUDER				Registration Number, if PAC	
Street Address 8207 MANITOU		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 0 5	Amount 100.00
City WESTERVILLE	State O H	Zip Code 43082		Form(Cash,Check,etc) CASH	
Full Name of Contributor MARY ANN POTTER				Registration Number, if PAC	
Street Address 868 LYNBROOK ROAD		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 0 5	Amount 50.00
City COLUMBUS	State O H	Zip Code 43235		Form(Cash,Check,etc) CHECK	
Full Name of Contributor RUSSELL GOODWIN				Registration Number, if PAC	
Street Address 103 E. FIRST AVENUE		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 0 5	Amount 50.00
City COLUMBUS	State O H	Zip Code 43201		Form(Cash,Check,etc) CHECK	
Full Name of Contributor STEVE O. CAMPBELL				Registration Number, if PAC	
Street Address 250 E. STEWART AVENUE, APT. D		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 0 5	Amount 25.00
City COLUMBUS	State O H	Zip Code 43206		Form(Cash,Check,etc) CHECK	
Full Name of Contributor FRED HOLDRIDGE				Registration Number, if PAC	
Street Address 763 S. THIRD STREET		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 0 5	Amount 25.00
City COLUMBUS	State O H	Zip Code 43206		Form(Cash,Check,etc) CHECK	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 325.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor TERESA A. DAUGHERTY				Registration Number, if PAC			
Street Address 539 WREXHAM AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	25.00
City COLUMBUS		State O H	Zip Code 43223	Form(Cash,Check,etc) CHECK			
Full Name of Contributor PATRICIA K. FROEHLICH				Registration Number, if PAC			
Street Address 576 MAIN STREET		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	35.00
City GROVEPORT		State O H	Zip Code 43125	Form(Cash,Check,etc) CHECK			
Full Name of Contributor RICHANNE M. ZYMKOSKI				Registration Number, if PAC			
Street Address 2128 POPLAR STREET		Employer/Occupation/Labor Organization* FRANKLIN CO. MUNICIPAL		M	D	Y	Amount
				0	7	1	115.00
City COLUMBUS		State O H	Zip Code 43207	Form(Cash,Check,etc) CHECK			
Full Name of Contributor LYLE SAYLOR				Registration Number, if PAC			
Street Address 417 W. 6TH AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	25.00
City COLUMBUS		State O H	Zip Code 43201	Form(Cash,Check,etc) CHECK			
Full Name of Contributor MARY JO HUDSON				Registration Number, if PAC			
Street Address 955 DELAWARE AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	50.00
City COLUMBUS		State O H	Zip Code 43201	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JOSEPH L. MAS				Registration Number, if PAC			
Street Address 206 HIAWATHA AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	50.00
City WESTERVILLE		State O H	Zip Code 43081	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JOHN W. SOWERS				Registration Number, if PAC			
Street Address 446 STANLEY AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	25.00
City COLUMBUS		State O H	Zip Code 43206	Form(Cash,Check,etc) CHECK			

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Total contributions this event

Total expenditures this event

Page Total \$ 325.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor STEVEN LARSON				Registration Number, if PAC	
Street Address 518 N. PARK STREET	Employer/Occupation/Labor Organization* ATTORNEY		M 0	D 7	Y 1905
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor JEFFREY J. SMITH				Registration Number, if PAC	
Street Address 773 DENNISON AVENUE	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1905
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor STEPHEN L. MCINTOSH				Registration Number, if PAC	
Street Address 799 NOB HILL DRIVE	Employer/Occupation/Labor Organization* ATTORNEY		M 0	D 7	Y 1905
City GAHANNA	State O H	Zip Code 43230	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor STEVEN M. SHALLABARGER				Registration Number, if PAC	
Street Address 948 NEIL AVENUE	Employer/Occupation/Labor Organization* REAL ESTATE DEVELOPER		M 0	D 7	Y 1905
City COLUMBUS	State O H	Zip Code 43201	Form(Cash,Check,etc) CHECK		Amount 300.00
Full Name of Contributor MICHAEL G. COUNCIL				Registration Number, if PAC	
Street Address 130 BUTTLES AVENUE	Employer/Occupation/Labor Organization* REAL ESTATE		M 0	D 7	Y 1905
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 300.00
Full Name of Contributor CHARLES B. SHAW				Registration Number, if PAC	
Street Address 1447 CINCINNATI ZANEVILLE RD	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1905
City LANCASTER	State O H	Zip Code 43130	Form(Cash,Check,etc) CHECK		Amount 30.00
Full Name of Contributor EARL DUKE FROST				Registration Number, if PAC	
Street Address 131 E. N. BROADWAY ST.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1905
City COLUMBUS	State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK		Amount 25.00

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Total contributions this event

Total expenditures this event

Page Total \$ 905.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor LISA K. ZELLNER				Registration Number, if PAC	
Street Address 100 W. CALIFORNIA AVENUE		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O	Zip Code 43202	Y	Amount 50.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor					
Street Address				M	D
City				Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				M	D
City				Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				M	D
City				Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				M	D
City				Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				M	D
City				Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				M	D
City				Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				M	D
City				Y	Amount
				Form(Cash,Check,etc)	

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Total contributions this event

Total expenditures this event

Page Total \$ 50.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor CHUCK DUTTON				Registration Number, if PAC	
Street Address 7099 GAY ROAD	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1805
City GROVE CITY	State OH	Zip Code 43123	Form(Cash,Check,etc) CASH		
Full Name of Contributor DAN AMES				Registration Number, if PAC	
Street Address 5691 GREAT HALL CT.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1805
City COLUMBUS	State OH	Zip Code 43231	Form(Cash,Check,etc) CASH		
Full Name of Contributor STEPHEN P. SAMUELS				Registration Number, if PAC	
Street Address 250 WEST STREET	Employer/Occupation/Labor Organization* SCHOTTENSTEIN ZOZ & D		M 0	D 8	Y 1805
City COLUMBUS	State OH	Zip Code 43215	Form(Cash,Check,etc) CHECK		
Full Name of Contributor KAREN A. WINTERS				Registration Number, if PAC	
Street Address 2340 OXFORD ROAD	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1805
City COLUMBUS	State OH	Zip Code 43221	Form(Cash,Check,etc) CHECK		
Full Name of Contributor MARIA L. MONE				Registration Number, if PAC	
Street Address 2505 WESTMONT BLVD.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1805
City COLUMBUS	State OH	Zip Code 43221	Form(Cash,Check,etc) CHECK		
Full Name of Contributor SUZANNA D. GUSSLER				Registration Number, if PAC	
Street Address 3893 CRISWELL DR.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1805
City UPPER ARLINGTON	State OH	Zip Code 43220	Form(Cash,Check,etc) CHECK		
Full Name of Contributor JAMES P. JOYCE				Registration Number, if PAC	
Street Address 1335 DUBLIN ROAD SUITE 100B	Employer/Occupation/Labor Organization* HR GRAY & ASSOCIATES		M 0	D 8	Y 1805
City COLUMBUS	State OH	Zip Code 43215	Form(Cash,Check,etc) CHECK		

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Total contributions this event

1,575.00

Total expenditures this event

0.00

Page Total \$ 925.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor CARLA F. ASHTON					Registration Number, if PAC		
Street Address 190 S. CASSINGHAM ROAD		Employer/Occupation/Labor Organization*			M	D	Y
City BEXLEY		State O H	Zip Code 43209		0 8	1 8	0 5
Form(Cash,Check,etc) CHECK					Amount 50.00		
Full Name of Contributor CHERYL ROBERTO					Registration Number, if PAC		
Street Address 1927 TEWKSBURY RD.		Employer/Occupation/Labor Organization*			M	D	Y
City COLUMBUS		State O H	Zip Code 43221		0 8	1 8	0 5
Form(Cash,Check,etc) CHECK					Amount 100.00		
Full Name of Contributor MARGARET R. ASHBROOK					Registration Number, if PAC		
Street Address 2994 CRESCENT DRIVE		Employer/Occupation/Labor Organization*			M	D	Y
City COLUMBUS		State O H	Zip Code 43204		0 8	1 8	0 5
Form(Cash,Check,etc) CHECK					Amount 100.00		
Full Name of Contributor CHRISTOPHER R. SCHRAFF					Registration Number, if PAC		
Street Address 1840 WALTHAM ROAD		Employer/Occupation/Labor Organization*			M	D	Y
City COLUMBUS		State O H	Zip Code 43221		0 8	1 8	0 5
Form(Cash,Check,etc) CHECK					Amount 100.00		
Full Name of Contributor BECKY A. WESTERFELT					Registration Number, if PAC		
Street Address 161 S. BRINKER AVENUE		Employer/Occupation/Labor Organization*			M	D	Y
City COLUMBUS		State O H	Zip Code 43204		0 8	1 8	0 5
Form(Cash,Check,etc) CHECK					Amount 100.00		
Full Name of Contributor VICKI LEE DEISNER					Registration Number, if PAC		
Street Address 579 GRANT AVENUE		Employer/Occupation/Labor Organization*			M	D	Y
City COLUMBUS		State O H	Zip Code 43206		0 8	1 8	0 5
Form(Cash,Check,etc) CHECK					Amount 100.00		
Full Name of Contributor MARTIN SELTZER					Registration Number, if PAC		
Street Address 4860 RUSTIC BRIDGE ROAD		Employer/Occupation/Labor Organization*			M	D	Y
City COLUMBUS		State O H	Zip Code 43214		0 8	1 8	0 5
Form(Cash,Check,etc) CHECK					Amount 50.00		

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Total contributions this event

Total expenditures this event

Page Total \$ 600.00

Page Total \$ 600.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor MARILYN J. PERRIN				Registration Number, if PAC			
Street Address 141 WEBSTERR PARK AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State O	Zip Code H 43214	0	8	1	50.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			

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Total contributions this event

Total expenditures this event

Page Total \$ 50.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZXENS FOR RANKIN					
Full Name of Contributor UNITED ASSOC OF JOURNEYMEN & APPRENTICES PAC				Registration Number, if PAC LA1212	
Street Address 1250 KINNEAR ROAD	Employer/Occupation/Labor Organization*		M 0	D 8	Y 05
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor SANFORD J. COHAN				Registration Number, if PAC	
Street Address 2500 CORPORATE EXCHANGE DR.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 05
City COLUMBUS	State O H	Zip Code 43231	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor MARK K. RUTKUS				Registration Number, if PAC	
Street Address 55 W. OAKLAND AVENUE, APT 2	Employer/Occupation/Labor Organization*		M 0	D 8	Y 05
City COLUMBUS	State O H	Zip Code 43201	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor DONALD S. KLCO				Registration Number, if PAC	
Street Address 225 E. NORTH BROADWAY ST.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 05
City COLUMBUS	State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor RICHARD S. KETCHAM				Registration Number, if PAC	
Street Address 755 S. HIGH STREET	Employer/Occupation/Labor Organization*		M 0	D 8	Y 05
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor JOSEPH L. MAS				Registration Number, if PAC	
Street Address 206 HIAWATHA AVENUE	Employer/Occupation/Labor Organization*		M 0	D 8	Y 05
City WESTERVILLE	State O H	Zip Code 43081	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor JOSEPH A. GERLING				Registration Number, if PAC	
Street Address 175 S. THIRD STREET	Employer/Occupation/Labor Organization*		M 0	D 8	Y 05
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00

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Total contributions this event

1,050.00

Total expenditures this event

0.00

Page Total \$ 650.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN						
Full Name of Contributor BRICKER & ECKLER LLP STATE PAC			Registration Number, if PAC OH821			
Street Address 100 S. THIRD ST.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 250.00
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor COLUMBUS/CENTRAL OHIO BUILDING & CONSTRUCTION PAC			Registration Number, if PAC LA1214			
Street Address 555 E. RICH STREET	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor GARY W. HAMMOND			Registration Number, if PAC			
Street Address 556 E. TOWN STREET	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 50.00
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

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Total contributions this event

Total expenditures this event

Page Total \$ 400.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor SI SOKOL				Registration Number, if PAC	
Street Address 2346 FISHINGER ROAD	Employer/Occupation/Labor Organization* BANCINSURANCE CORP.		M 0	D 8	Y 05
City COLUMBUS	State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK		Amount 250.00
Full Name of Contributor ERIC BECKER				Registration Number, if PAC	
Street Address 4380 BRAUNTON	Employer/Occupation/Labor Organization*		M 0	D 8	Y 05
City UPPER ARLINGTON	State O H	Zip Code 43220	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor SEAN O'NEILL				Registration Number, if PAC	
Street Address BEST EFFORTS	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City	State	Zip Code	Form(Cash,Check,etc) CASH		Amount 5.00
Full Name of Contributor KENNETH H. BOWEN				Registration Number, if PAC	
Street Address 106 S. KAVDENY ROAD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43209	Form(Cash,Check,etc) CASH		Amount 25.00
Full Name of Contributor JASON DAVIS				Registration Number, if PAC	
Street Address 1564 DOLEN AVENUE	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CASH		Amount 50.00
Full Name of Contributor NADINE SNIECHOWSKI				Registration Number, if PAC	
Street Address 242 KING AVE.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CASH		Amount 10.00
Full Name of Contributor ERIN BYRNE				Registration Number, if PAC	
Street Address 1493 ASHLAND AVENUE	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CASH		Amount 5.00

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Total contributions this event

1,966.00

Total expenditures this event

0.00

Page Total \$ 370.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor BETH FEENEY					Registration Number, if PAC		
Street Address 3546 SMOKEY ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	2.00
City HILLIARD		State O H	Zip Code 43026	Form(Cash,Check,etc) CASH			
Full Name of Contributor PAT GRAHAM					Registration Number, if PAC		
Street Address 715 LINDRIDGE DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	10.00
City GALLOWAY		State O H	Zip Code 43119	Form(Cash,Check,etc) CASH			
Full Name of Contributor AKHIM CABEY					Registration Number, if PAC		
Street Address BEST EFFORTS		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	5.00
City		State	Zip Code	Form(Cash,Check,etc) CASH			
Full Name of Contributor JIM MENDEL					Registration Number, if PAC		
Street Address BEST EFFORTS		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	25.00
City		State	Zip Code	Form(Cash,Check,etc) CASH			
Full Name of Contributor BRIAN B. BYRNE					Registration Number, if PAC		
Street Address 3487 ALFRED COURT		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	30.00
City COLUMBUS		State O H	Zip Code 43224	Form(Cash,Check,etc) CHECK			
Full Name of Contributor EILEEN Y. PALEY					Registration Number, if PAC		
Street Address 668 BELLAMY PL.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	40.00
City COLUMBUS		State O H	Zip Code 43213	Form(Cash,Check,etc) CHECK			
Full Name of Contributor TED BARROWS					Registration Number, if PAC		
Street Address 4834 SARASOTA DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		FRANKLIN COUNTY MUNI		0	9	0	200.00
City HILLIARD		State O H	Zip Code 43026	Form(Cash,Check,etc) CHECK			

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 312.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor DAN C. HEADAPOHL				Registration Number, if PAC	
Street Address 1252 HOPE AVE.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O	Zip Code 43212	Amount 29.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor KELLEY FINAN				Registration Number, if PAC	
Street Address 1032 PALMER ROAD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O	Zip Code 43212	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor FRIENDS OF MARY LOU				Registration Number, if PAC	
Street Address 209 S. FOURTH AVE., #315	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O	Zip Code 43215	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor RICHARD L. HAGGARD				Registration Number, if PAC	
Street Address 936 RIVER RIDGE, P. O. BOX 307275	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City GAHANNA	State O	Zip Code 43230	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOHN A. GLEASON				Registration Number, if PAC	
Street Address 7405 TOTTENHAM PL.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City NEW ALBANY	State O	Zip Code 43054	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JODI MAGUE				Registration Number, if PAC	
Street Address 1260 E. CHOCTAW DR.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City LONDON	State O	Zip Code 43140	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor VICKI E. LYDEN				Registration Number, if PAC	
Street Address 6995 OLD BRIDGE LANE WEST	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City DUBLIN	State O	Zip Code 43016	Amount 25.00	Form(Cash,Check,etc) CHECK	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 179.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor SEAN K. KELLER				Registration Number, if PAC	
Street Address 924 TIMBERMAN ROAD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O	Zip Code 43212	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DOROTHY BYRNE				Registration Number, if PAC	
Street Address 3151 GRIGGSVIEW CT.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor SANDRA A. MURRAY				Registration Number, if PAC	
Street Address 2357 ABINGTON ROAD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City UPPER ARLINGTON	State O	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOHN T. CONROY				Registration Number, if PAC	
Street Address 3363 TREMONT ROAD, SUITE 104C	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JUDITH K. BURCHFIELD				Registration Number, if PAC	
Street Address 922 ELLIOTT ST.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City MARBLEHEAD	State O	Zip Code 43440	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DEANNA KEPPLER				Registration Number, if PAC	
Street Address 465 SOUTH PARKVIEW	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City BEXLEY	State O	Zip Code 43209	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DENISE PONTIOIUS				Registration Number, if PAC	
Street Address 4132 STELLAR DRIVE	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City HILLIARD	State O	Zip Code 43026	Amount 50.00	Form(Cash,Check,etc) CHECK	

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Total contributions this event

Total expenditures this event

Page Total \$ 200.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor I.B.E.W.-C.O.P.E.			Registration Number, if PAC C00027342		
Street Address 900 SEVENTH STREET, NW	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City WASHINGTON	State D C	Zip Code 20001	Form(Cash,Check,etc) CHECK		Amount 500.00
Full Name of Contributor IRA B. SULLY			Registration Number, if PAC		
Street Address 844 S. FRONT ST.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor RONALD J. HAGAN			Registration Number, if PAC		
Street Address 693 CITY PARK AV.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43206	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor EDWIN LEE KIRBY			Registration Number, if PAC		
Street Address 4393 COLERAIN AVENUE	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor RICHARD WHALEY			Registration Number, if PAC		
Street Address 1831 ROXBURY ROAD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor DAVID F. PRITCHARD			Registration Number, if PAC		
Street Address 1351 W. FIRST AVE.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor DIANE VANDERVOORT			Registration Number, if PAC		
Street Address 1905 LYTHAM ROAD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43220	Form(Cash,Check,etc) CHECK		Amount 30.00

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Fill in the boxes below only on the last page for this event.

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Total contributions this event

Total expenditures this event

Page Total \$ 780.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor ANNE E. DOYLE				Registration Number, if PAC	
Street Address 6472 TONBRIDGE STREET		Employer/Occupation/Labor Organization* BANCINSURANCE CORP.		M 0	D 9
City WORTHINGTON		State O H	Zip Code 43085	Y 0	Amount 50.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor BALAJ MODUR				Registration Number, if PAC	
Street Address 500 STONERIDGE COURT		Employer/Occupation/Labor Organization*		M 0	D 9
City VALPARAISO		State I N	Zip Code 46385	Y 0	Amount 75.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form(Cash,Check,etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 125.00

Page Total \$ 125.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor JOHN L. EINSTEIN, IV					Registration Number, if PAC		
Street Address 366 E. BROAD ST.		Employer/Occupation/Labor Organization* CARLILE, PATCHEN & MUI		M 0	D 9	Y 1	Amount 500.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor BRAD KOFFEL					Registration Number, if PAC		
Street Address 2130 ARLINGTON AVE.		Employer/Occupation/Labor Organization* KOFFEL & JUMP		M 0	D 9	Y 1	Amount 1,000.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor PHILIP B. KAUFMAN					Registration Number, if PAC		
Street Address 341 S. THIRD ST., SUITE 300		Employer/Occupation/Labor Organization* ATTORNEY		M 0	D 9	Y 1	Amount 200.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor LAWRENCE A. RIEHL					Registration Number, if PAC		
Street Address 500 S. FRONT ST., SUITE 200		Employer/Occupation/Labor Organization* VICKERY RIEHL & ALTER		M 0	D 9	Y 1	Amount 100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor E. SCOTT SHAW					Registration Number, if PAC		
Street Address 500 S. FRONT ST., SUITE 130		Employer/Occupation/Labor Organization* ATTORNEY		M 0	D 9	Y 1	Amount 100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor STEPHEN L. MCINTOSH					Registration Number, if PAC		
Street Address 799 NOB HILL DRIVE, W.		Employer/Occupation/Labor Organization* 		M 0	D 9	Y 1	Amount 50.00
City GAHANNA		State O H	Zip Code 43230	Form(Cash,Check,etc) CHECK			
Full Name of Contributor RICHARD S. KERTCHAM					Registration Number, if PAC		
Street Address 755 S. HIGH STREET		Employer/Occupation/Labor Organization* 		M 0	D 9	Y 1	Amount 50.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,200.00

Total expenditures this event

0.00

Page Total \$ 2,000.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor STEVE LARSON				Registration Number, if PAC	
Street Address 518 N. PARK STREET	Employer/Occupation/Labor Organization*		M	D	Y
			0	9	1
City COLUMBUS	State O	Zip Code 43215	5	0	5
			Amount 50.00		
Form(Cash,Check,etc) MONEY ORDER					
Full Name of Contributor CAROL A. WRIGHT					
Street Address 318 BERGER ALLEY				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	9	1	5
City COLUMBUS	State O	Zip Code 43205	5	0	5
			Amount 50.00		
Form(Cash,Check,etc) CHECK					
Full Name of Contributor HARRY R. REINHART					
Street Address 400 S. FIFTH ST., SUITE 202				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	9	1	5
City COLUMBUS	State O	Zip Code 43215	5	0	5
			Amount 50.00		
Form(Cash,Check,etc) CHECK					
Full Name of Contributor SI SOKOL					
Street Address 2346 FISHINGER ROAD				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	9	1	5
City COLUMBUS	State O	Zip Code 43220	5	0	5
			Amount 50.00		
Form(Cash,Check,etc) CASH					
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)		

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 200.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor SARA E. ERNEST				Registration Number, if PAC	
Street Address 271 S. CHAMPION AVE.	Employer/Occupation/Labor Organization*			M D Y 0 9 2 7 0 5	Amount 20.00
City COLUMBUS	State O H	Zip Code 43205		Form(Cash,Check,etc) CHECK	
Full Name of Contributor RUSSELL GOODWIN				Registration Number, if PAC	
Street Address 103 E. FIRST AVE.	Employer/Occupation/Labor Organization*			M D Y 0 9 2 7 0 5	Amount 20.00
City COLUMBUS	State O H	Zip Code 43201		Form(Cash,Check,etc) CHECK	
Full Name of Contributor DWIGHT E. GARNER				Registration Number, if PAC	
Street Address 895 BEECH ST.	Employer/Occupation/Labor Organization*			M D Y 0 9 2 7 0 5	Amount 40.00
City COLUMBUS	State O H	Zip Code 43206		Form(Cash,Check,etc) CHECK	
Full Name of Contributor CATHLEEN A. JOHNSTON				Registration Number, if PAC	
Street Address 809 BEECH ST.	Employer/Occupation/Labor Organization*			M D Y 0 9 2 7 0 5	Amount 20.00
City COLUMBUS	State O H	Zip Code 43206		Form(Cash,Check,etc) CHECK	
Full Name of Contributor COMMITTEE FOR EMILY KREIDER				Registration Number, if PAC	
Street Address 11 TRIESTA PLACE	Employer/Occupation/Labor Organization*			M D Y 0 9 2 7 0 5	Amount 20.00
City WESTERVILLE	State O H	Zip Code 43081		Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOHN J. MANNING				Registration Number, if PAC	
Street Address 204 REINHARD AVE.	Employer/Occupation/Labor Organization*			M D Y 0 9 2 7 0 5	Amount 20.00
City COLUMBUS	State O H	Zip Code 43206		Form(Cash,Check,etc) CHECK	
Full Name of Contributor LINDA A. WELCH				Registration Number, if PAC	
Street Address 75 EBNER ST.	Employer/Occupation/Labor Organization*			M D Y 0 9 2 7 0 5	Amount 50.00
City COLUMBUS	State O H	Zip Code 43206		Form(Cash,Check,etc) CHECK	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

580.00

Total expenditures this event

0.00

Page Total \$ 190.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor SCOTT J. VARNER				Registration Number, if PAC	
Street Address 1002 HUNTER AVE.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City COLUMBUS	State O	Zip Code 43201	7	0	5
			Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor KAREN L. GUNDERMAN				Registration Number, if PAC	
Street Address 792 S. WASHINGTON AVE.	Employer/Occupation/Labor Organization* MARYLAND VOLUNTEER		M 0	D 9	Y 2
City COLUMBUS	State O	Zip Code 43206	7	0	5
			Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor LYNN A. GREER				Registration Number, if PAC	
Street Address 1200 CHAMBERS RD., SUITE 410	Employer/Occupation/Labor Organization* GREER FOUNDATION		M 0	D 9	Y 2
City COLUMBUS	State O	Zip Code 43212	7	0	5
			Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor DON DEATERIA				Registration Number, if PAC	
Street Address 901 BEECH ST.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City COLUMBUS	State O	Zip Code 43206	7	0	5
			Form(Cash,Check,etc) CASH		Amount 20.00
Full Name of Contributor ED LEONARD				Registration Number, if PAC	
Street Address 4025 BERRYBUSH DRIVE	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City COLUMBUS	State O	Zip Code 43230	7	0	5
			Form(Cash,Check,etc) CASH		Amount 20.00
Full Name of Contributor JOHN SOWERS				Registration Number, if PAC	
Street Address 446 STANLEY	Employer/Occupation/Labor Organization* MORTGAGE BROKER		M 0	D 9	Y 2
City COLUMBUS	State O	Zip Code 43206	7	0	5
			Form(Cash,Check,etc) CASH		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash,Check,etc)		Amount

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Total contributions this event

Total expenditures this event

Page Total \$ 390.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor GEORGE ISAAC				Registration Number, if PAC	
Street Address 715 E. PERRY STREET		Employer/Occupation/Labor Organization* ISAAC CORP.		M 0	D 9
City BRYAN		State O H		Y 2	Amount 100.00
		Zip Code 43506		Form(Cash,Check,etc) CHECK	
Full Name of Contributor VORYS SATER SEYMOUR AND PEASE ADV. FOR EFF. PUB ADM				Registration Number, if PAC OH 109	
Street Address 52 E. GAY STREET, PO BOX 1008		Employer/Occupation/Labor Organization*		M 0	D 9
City COLUMBUS		State O H		Y 2	Amount 800.00
		Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor KINSLEY F. NYCE				Registration Number, if PAC	
Street Address 550 E. WALNUT ST.		Employer/Occupation/Labor Organization*		M 1	D 0
City COLUMBUS		State O H		Y 0	Amount 50.00
		Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor RICHANNE M. ZYMKOSKI				Registration Number, if PAC	
Street Address 2128 POPLAR ST.		Employer/Occupation/Labor Organization* FRANKLIN COUNTY MUNI		M 1	D 0
City COLUMBUS		State O H		Y 0	Amount 100.00
		Zip Code 43207		Form(Cash,Check,etc) CHECK	
Full Name of Contributor ROBERT D. HEAD				Registration Number, if PAC	
Street Address 3280 RIVERSIDE DR. STE 20		Employer/Occupation/Labor Organization*		M 1	D 0
City COLUMBUS		State O H		Y 0	Amount 75.00
		Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor LORIE L. MCCAUGHAN				Registration Number, if PAC	
Street Address 5492 RED BANK ROAD		Employer/Occupation/Labor Organization*		M 1	D 0
City GALENA		State O H		Y 0	Amount 50.00
		Zip Code 43021		Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARK A. SERROTT				Registration Number, if PAC	
Street Address 789 NORTHWEST BLVD.		Employer/Occupation/Labor Organization*		M 1	D 0
City COLUMBUS		State O H		Y 0	Amount 75.00
		Zip Code 43212		Form(Cash,Check,etc) CHECK	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,250.00

Total expenditures this event

0.00

Page Total \$ 1,250.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor TOKI M. CLARK				Registration Number, if PAC	
Street Address 233 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 7
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 75.00
Full Name of Contributor CHRISTOPHER J. MINNILLO				Registration Number, if PAC	
Street Address 1500 W. THIRD AVE. SUITE 400	Employer/Occupation/Labor Organization*		M 1	D 0	Y 7
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 75.00
Full Name of Contributor E. SCOTT SHAW				Registration Number, if PAC	
Street Address 500 S. FRONT ST. SUITE 130	Employer/Occupation/Labor Organization*		M 1	D 0	Y 7
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 75.00
Full Name of Contributor RICHARD S. KETCHAM				Registration Number, if PAC	
Street Address 755 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 7
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 75.00
Full Name of Contributor KEVIN DURKIN				Registration Number, if PAC	
Street Address 471 E. BROAD ST SUITE 1100	Employer/Occupation/Labor Organization*		M 1	D 0	Y 7
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 75.00
Full Name of Contributor DONALD C. SCHUMACHER				Registration Number, if PAC	
Street Address 755 S. HIGH STREET	Employer/Occupation/Labor Organization*		M 1	D 0	Y 7
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 75.00
Full Name of Contributor JON TYACK				Registration Number, if PAC	
Street Address 536 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 7
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 75.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 525.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor JAMIE TYACK				Registration Number, if PAC			
Street Address 536 S. HIGH ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	7	75.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JOSEPH E. SCOTT				Registration Number, if PAC			
Street Address 35 E. LIVINGSTON AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	7	75.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor TERRENCE R. HEFFERNAN				Registration Number, if PAC			
Street Address 175 S. THIRD ST., 9TH FLOOR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	7	75.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JIM KOZELEK				Registration Number, if PAC			
Street Address 215 E. BEECHWOLD		Employer/Occupation/Labor Organization* CHILDRENS HOSPITAL		M	D	Y	Amount
				1	0	7	150.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor RICHARD DODSON, JR				Registration Number, if PAC			
Street Address 962 FRANKLIN AVE.		Employer/Occupation/Labor Organization* ALL PRO ALUM. CYLINDER		M	D	Y	Amount
				1	0	7	100.00
City COLUMBUS		State O H	Zip Code 43205	Form(Cash,Check,etc) CASH			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 475.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor BRICKER & ECKLER LLP STATE POLITICAL ACTION COMTE				Registration Number, if PAC OH821			
Street Address 100 S. THIRD ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	500.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor BRUCE W. DOOLEY				Registration Number, if PAC			
Street Address 252 W. 5TH AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	75.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor BILL R. HEDRICK				Registration Number, if PAC			
Street Address 838 THURBER DRIVE WEST, APT 22		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	35.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor STEPHEN L. MCINTOSH				Registration Number, if PAC			
Street Address 799 NOB HILL DR. W		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	35.00
City GAHANNA		State O H	Zip Code 43230	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JO E. KAISER				Registration Number, if PAC			
Street Address 2103 SCENIC DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	35.00
City LANCASTER		State O H	Zip Code 43130	Form(Cash,Check,etc) CHECK			
Full Name of Contributor EILEEN Y. PALEY				Registration Number, if PAC			
Street Address 668 BELLAMY PL.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City COLUMBUS		State O H	Zip Code 43213	Form(Cash,Check,etc) CHECK			
Full Name of Contributor RICHARD W. BURRY				Registration Number, if PAC			
Street Address 2242 TREMONT RD.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City COLUMBUS		State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1,805.00

Total expenditures this event

0.00

Page Total \$ 780.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor PETER KORDA				Registration Number, if PAC	
Street Address 410 N. COLUMBIA AVE.	Employer/Occupation/Labor Organization* OHIO STATE UNIV.		M 1	D 0	Y 10/11/05
City BEXLEY	State O H	Zip Code 43209	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor RICHARD D. FREDECKER				Registration Number, if PAC	
Street Address 8904 FINLALRIG DRIVE	Employer/Occupation/Labor Organization* MODERN EXTERIORS		M 1	D 0	Y 10/11/05
City DUBLIN	State O H	Zip Code 43017	Form(Cash,Check,etc) CHECK		Amount 150.00
Full Name of Contributor KRISTEN J. BROWN				Registration Number, if PAC	
Street Address 1489 OAKBOURNE ROAD	Employer/Occupation/Labor Organization* SQUIRE SANDERS & DEMPSEY		M 1	D 0	Y 10/11/05
City WORTHINGTON	State O H	Zip Code 43235	Form(Cash,Check,etc) CHECK		Amount 200.00
Full Name of Contributor PHILOMENA M. DANE				Registration Number, if PAC	
Street Address 4250 ROWANNE RD.	Employer/Occupation/Labor Organization* SQUIRE SANDERS & DEMPSEY		M 1	D 0	Y 10/11/05
City COLUMBUS	State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK		Amount 200.00
Full Name of Contributor SI SOKOL				Registration Number, if PAC	
Street Address 2346 FISHINGER ROAD	Employer/Occupation/Labor Organization* BANCINSURANCE CORP.		M 1	D 0	Y 10/11/05
City COLUMBUS	State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK		Amount 200.00
Full Name of Contributor NANCY K. WONNELL				Registration Number, if PAC	
Street Address 330 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 10/11/05
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor THOMAS V. MAXWELL				Registration Number, if PAC	
Street Address 1020 OREGON AVENUE	Employer/Occupation/Labor Organization*		M 1	D 0	Y 10/11/05
City COLUMBUS	State O H	Zip Code 43201	Form(Cash,Check,etc) CHECK		Amount 35.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 935.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor DIANE VANDERVOORT				Registration Number, if PAC	
Street Address 1905 LYTHAM ROAD	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O H	Zip Code 43220	Form(Cash,Check,etc) CHECK		Amount 40.00
Full Name of Contributor KENNETH J. GRIFFITHS				Registration Number, if PAC	
Street Address 1115 NEIL AVENUE	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O H	Zip Code 43201	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 90.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN						
Full Name of Contributor JAMES V. MANIACE				Registration Number, if PAC		
Street Address 155 W. MAIN ST., #605	Employer/Occupation/Labor Organization* CHESTER WILLCOX & Saxe		M 1	D 0	Y 2	Amount 100.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor MICHAEL T. GUNNER				Registration Number, if PAC		
Street Address 3535 FISHINGER ROAD, #220	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 50.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JANET GRUBB				Registration Number, if PAC		
Street Address 4062 GEORGESVILLE RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 50.00
City GROVE CITY	State O H	Zip Code 43123	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JAMES B. FEIBEL				Registration Number, if PAC		
Street Address 88 E. BROAD ST., SUITE 900	Employer/Occupation/Labor Organization* ATTORNEY		M 1	D 0	Y 2	Amount 100.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor PAMELA E. HYKES O'GRADY				Registration Number, if PAC		
Street Address 3682 RIDGEWOOD DRIVE	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 100.00
City HILLIARD	State O H	Zip Code 43026	Form(Cash,Check,etc) CHECK			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

400.00

Total expenditures this event

0.00

Page Total \$ 400.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name TIME WARNER CABLE				Registration Number, if PAC			
Address 7800 CRESCENT EXECUTIVE DRIVE		Type* R E		M 0 8	D 1 8	Y 0 5	Amount 402.61
City CHARLOTTE		State N C		Zip Code 28217		Form(Cash,Check,etc) CHECK	
Full Name BANK ONE				Registration Number, if PAC			
Address 833 S. HIGH STREET		Type* I N		M 0 7	D 0 7	Y 0 5	Amount 1.41
City COLUMBUS		State O H		Zip Code 43215		Form(Cash,Check,etc) INTEREST	
Full Name BANK ONE				Registration Number, if PAC			
Address 833 S. HIGH STREET		Type* I N		M 0 8	D 0 4	Y 0 5	Amount 1.77
City COLUMBUS		State O H		Zip Code 43215		Form(Cash,Check,etc) INTEREST	
Full Name BANK ONE				Registration Number, if PAC			
Address 833 S. HIGH STREET		Type* I N		M 0 9	D 0 7	Y 0 5	Amount 3.04
City COLUMBUS		State O H		Zip Code 43215		Form(Cash,Check,etc) INTEREST	
Full Name BANK ONE				Registration Number, if PAC			
Address 833 S. HIGH STREET		Type* I N		M 1 0	D 0 6	Y 0 5	Amount 2.81
City COLUMBUS		State O H		Zip Code 43215		Form(Cash,Check,etc) INTEREST	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
To Whom Paid J.W. CLEARLY PROMOTIONAL PRODUCTS				M 0 6	D 1 3	Y 0 5	Amount 102.70
Address 1511 NORTHWEST BLVD.		Purpose T-SHIRTS					
City COLUMBUS		State O H	Zip Code 43212	Check Number 180			
To Whom Paid WCCA				M 0 6	D 1 3	Y 0 5	Amount 50.00
Address 4519 ST. ANN LANE		Purpose WHITEHALL JULY 4TH PARADE					
City WHITEHALL		State O H	Zip Code 43213	Check Number 181			
To Whom Paid ROTARY CLUB OF WESTERVILLE				M 0 6	D 1 3	Y 0 5	Amount 50.00
Address POST OFFICE BOX 1200		Purpose WESTERVILLE JULY 4TH PARADE					
City WESTERVILLE		State O H	Zip Code 43081	Check Number 182			
To Whom Paid FRANKLIN COUNTY DEMOCRATIC PARTY				M 0 6	D 1 6	Y 0 5	Amount 200.00
Address 271 EAST STATE STREET		Purpose CONTRIBUTION					
City COLUMBUS		State O H	Zip Code 43215	Check Number 183			
To Whom Paid CAPITOL SQUARE PRINTING				M 0 8	D 0 4	Y 0 5	Amount 19.12
Address 59 E. GAY STREET		Purpose INKING STAMPS					
City COLUMBUS		State O H	Zip Code 43215	Check Number 184			
To Whom Paid ZACH MASON				M 0 8	D 1 5	Y 0 5	Amount 500.00
Address 2121 ASCHINGER BLVD.		Purpose CONSULTING					
City COLUMBUS		State O H	Zip Code 43212	Check Number 185			
To Whom Paid CANAL WINCHESTER LABOR DAY FESTIVAL COMMITTEE				M 0 8	D 3 0	Y 0 5	Amount 45.00
Address PO BOX 514		Purpose PARADE ENTRANCE FEE					
City CANAL WINCHESTER		State O H	Zip Code 43110	Check Number 186			
To Whom Paid CLEAR CHANNEL				M 0 9	D 0 8	Y 0 5	Amount 3,920.00
Address 770 HARRISON DRIVE		Purpose OUTDOOR ADVERTISING					
City COLUMBUS		State O H	Zip Code 43204	Check Number 187			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
To Whom Paid ZACH MASON				M 0 9	D 1 2	Y 0 5	Amount 18.45
Address 2121 ASCHINGER BLVD.		Purpose REIMBURSE-CELL PHONE OVERAGE					
City COLUMBUS	State O H	Zip Code 43212	Check Number 188				
To Whom Paid ZACH MASON				M 0 9	D 1 2	Y 0 5	Amount 500.00
Address 2121 ASCHINGER BLVD.		Purpose CONSULTING					
City COLUMBUS	State O H	Zip Code 43212	Check Number 189				
To Whom Paid CLEAR CHANNEL				M 0 9	D 1 3	Y 0 5	Amount 2,500.00
Address 770 HARRISON		Purpose OUTDOOR ADVERTISING					
City COLUMBUD	State O H	Zip Code 43204	Check Number 190				
To Whom Paid CLEAR CHANNEL				M 0 9	D 1 5	Y 0 5	Amount 1,500.00
Address 770 HARRISON		Purpose OUTDOOR ADVERTISING					
City COLUMBUS	State O H	Zip Code 43204	Check Number 191				
To Whom Paid ZACH MASON				M 1 0	D 0 3	Y 0 5	Amount 500.00
Address 2121 ASCHINGER BLVD.		Purpose CONSULTING					
City COLUMBUS	State O H	Zip Code 43212	Check Number 192				
To Whom Paid THE BRUNNER FIRM CO., LPA				M 1 0	D 0 5	Y 0 5	Amount 2,400.00
Address 545 E. TOWN STREET		Purpose RECORDKEEPING AND CONSULTING					
City COLUMBUS	State O H	Zip Code 43215	Check Number 193				
To Whom Paid VICKI LYDEN				M 1 0	D 0 5	Y 0 5	Amount 6.66
Address 6995 OLD BRIDGE LANE W.		Purpose REIMBURSE-POSTAGE					
City DUBLIN	State O H	Zip Code 43016	Check Number 194				
To Whom Paid ZACH MASON				M 1 0	D 1 2	Y 0 5	Amount 136.35
Address 2121 ASCHINGER BLVD.		Purpose REIMBURSE-CELL PHONE OVERAGE					
City COLUMBUS	State O H	Zip Code 43212	Check Number 195				

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN			
Full Name of Contributor MIKE R. RANKIN	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2432 WYNCOURTNEY COURT	Description of Item or Service MAGNETIC TAPE	M D Y 0 6 2 0 0 5	Fair Market Value 6.43
City POWELL	State Zip Code O H 43065	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor MIKE R. RANKIN	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2432 WYNCOURTNEY COURT	Description of Item or Service T-SHIRTS	M D Y 0 6 2 3 0 5	Fair Market Value 101.85
City POWELL	State Zip Code O H 43065	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor BILL HEDRICK	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 838 THURBER DRIVE WEST	Description of Item or Service POSTAGE	M D Y 0 6 3 0 0 5	Fair Market Value 59.20
City COLUMBUS	State Zip Code O H 43201	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor BILL HEDRICK	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 838 THURBER DRIVE WEST	Description of Item or Service FOOD, BEVERAGES	M D Y 0 7 1 4 0 5	Fair Market Value 64.00
City COLUMBUS	State Zip Code O H 43201	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor MIKE R. RANKIN	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2432 WYNCOURTNEY COURT	Description of Item or Service POSTAGE	M D Y 0 8 0 3 0 5	Fair Market Value 29.60
City POWELL	State Zip Code O H 43065	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor MIKE R. RANKIN	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2432 WYNCOURTNEY COURT	Description of Item or Service YARD SIGNS	M D Y 0 8 1 9 0 5	Fair Market Value 1,763.75
City POWELL	State Zip Code O H 43065	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor MIKE R. RANKIN	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2432 WYNCOURTNEY COURT	Description of Item or Service POSTAGE	M D Y 0 9 2 6 0 5	Fair Market Value 37.00
City POWELL	State Zip Code O H 43065	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor MIKE R. RANKIN	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2432 WYNCOURTNEY COURT	Description of Item or Service POSTAGE	M D Y 1 0 0 3 0 5	Fair Market Value 925.00
City POWELL	State Zip Code O H 43065	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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[R.C. 3517.10(B)(4)]

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN			
Full Name of Contributor SAIA & PIATT, PLL	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 713 S. FRONT STREET	Description of Item or Service INVITATIONS	M D Y 0 9 2 1 0 5	Fair Market Value 46.50
City COLUMBUS	State Zip Code O H 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor SAIA & PIATT, PLL	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 713 S. FRONT STREET	Description of Item or Service POSTAGE	M D Y 0 9 2 1 0 5	Fair Market Value 185.00
City COLUMBUS	State Zip Code O H 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor SAIA & PIATT, PLL	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 713 S. FRONT STREET	Description of Item or Service FOOD, BEVERAGES	M D Y 0 9 2 1 0 5	Fair Market Value 691.00
City COLUMBUS	State Zip Code O H 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor OHIO DEMOCRATIC PARTY	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 271 E. STATE STREET	Description of Item or Service POLITICAL CONSULTANT	M D Y 0 9 2 8 0 5	Fair Market Value 2,000.00
City COLUMBUS	State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear.

[R.C. 3517.10(B)(4)]

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee CITIZENS FOR RANKIN												
From Whom Received MIKE R. RANKIN						Prior Amount 11,150.00		Amt. Incurred this Period 0.00				
Address 2432 WYNCOURTNEY COURT								Outstanding Balance 11,150.00				
City POWELL		State O H		Zip Code 43065		Loans Received This Period Date Amount		Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		9	2	0	0	4						
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	
From Whom Received AVIS M. RANKIN						Prior Amount 97,290.62		Amt. Incurred this Period 0.00				
Address 806 LAKE STREET								Outstanding Balance FORGIVEN				
City MARBLEHEAD		State O H		Zip Code 43440		Loans Received This Period Date Amount		Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		4	0	8	0	4						
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	
From Whom Received						Prior Amount		Amt. Incurred this Period				
Address								Outstanding Balance				
City		State		Zip Code		Loans Received This Period Date Amount		Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 108,440.62
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 11,150.00 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee CITIZENS FOR RANKIN									
To Whom Owed MIKE R. RANKIN						Prior Amount 2,201.11		Amt. Incurred this Period 0.00	
Address 2342 WYNCOURTNEY COURT						Item or Purpose for Debt IGNS, MAGNET		Outstanding Balance 2,201.11	
City POWELL				State OH		Zip Code 43065		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y 0 6 1 6 0 4		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 2,201.11 (also record on cover page)

TREASURER'S NOTE
CITIZENS FOR RANKIN
2005 PRE-GENERAL REPORT

The following expenditures are not yet vouched for by a receipt, because a check for each has not yet cleared the checking account of the Citizens for Rankin Committee, nor been returned to its Treasurer as of October 26, 2005. Copies of the canceled checks vouching for these expenditures will be filed as an addendum to this Report when they are returned to the Treasurer by the banking institution.

<i>Date of Expenditure</i>	<i>Check #</i>	<i>Payee</i>	<i>Amount</i>
10/05/2005	193	The Brunner Firm Co., LPA	\$2400.00
10/12/2005	195	Zach Mason	\$136.35